PATENT APPLICATION FEE DETERMINATION RECORD  Effective December 29, 1999  1995  1957														
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY			OTHER THAN OR SMALL ENTITY		
FOR			NUMBER FILED			NUMBER EXTRA			RATE	FEE	7	RATE	FEE	
BASIC FEE						· Sandar			10	345.00	OR	·	690.00	
TOTAL CLAIMS			#\$ minus 20=			25			X\$ 9=		OR	X\$18=	450	
INI	DEPENDENT C	LAIMS	3 minus 3 =			: 5			X39=		OR	X78=	390	
MULTIPLE DEPENDENT CLAIM PRESENT									+130=	<b>†</b>	OR	+260=	270	
* If the difference in column 1 is less than zero, enter "0" in column 2									TOTAL		OR	TOTAL	1530	
CLAIMS AS AMENDED - PART II TO cluim (Column 1) (Column 2) (Column 3)								- 	SMALL ENTITY OF			OTHER THAN		
AMENDMENTA		REM	AIMS AINING TER IDMENT		PF	HIGHEST NUMBER REVIOUSLY PAID/FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 4	//_	Minus	**	45	=		X\$ 9=		OR	X\$18=		
	Independent FIRST PRESE	NTATIC	N OF MI	Minus	PENE	_()	=		X39=	•	OR	X78=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  POLY 198.0  Not Need								+130=		OR	+260=		
INT WILD									TOTAL		OR	TOTAL		
			umn 1)			olumn 2)	(Column 3)	~	ADDIT. FEI	- <u> </u>		ADDIT. FEE		
AMENDMENT B		REM AF	AIMS AINING TER_ IDMENT		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	·	RATE .	ADDI- TIONAL FEE	
	Total	•	· · ·	Minus	••		=		X\$ 9=		OR	X\$18=		
	Independent	NTATIC	N OF ML	Minus	PENC		=		X39=		OR	X78 <u>-</u>		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									+130=		OR	+260=		
									TOTAL		OR	TOTAL ADDIT. FEE		
·			ımn 1)	·		olumn 2)	(Column 3)		•		•			
AMENDMENT C		REM. AF	AIMS AINING TER DMENT	. –	PR	HIGHEST NUMBER EVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•		Minus	**		=		X\$ 9= ·		OR	X\$18=		
	Independent	•	N 05 1 1	Minus	***		=		X39=		OR	X78=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								400					
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.											OR	+260=		
***	f the "Highest Nur I the "Highest Nur The "Highest Nurr	mber Pre mber Pre	viously Pa	id For IN THIS id For IN THIS	S SPA	CE is less that	n 20, enter "20." n 3. enter "3."		TOTAL DDIT, FEE and in the ap	L		TOTAL ADDIT. FEE umn 1.		

**Application or Docket Number**